

NOV 23 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38814

## 1. PLACE OF DEATH

County St. LouisTownship ClaytonCity Clayton, Mo.Registration District No. 290Primary Registration District No. 6033(No. St. Louis Co. Hosp.)

File No. \_\_\_\_\_

Registered No. 385

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

Suroud, Peter J.

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Highway 66 1 mi. E. of Eureka Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Agnes Suroud

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10-31-1848

## 7. AGE

YEARS

88

MONTHS

11

DAYS

8

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nil.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

France

MOTHER

## 13. NAME

Peter J.

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

France

## 15. MAIDEN NAME

Agnes Schmidt

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

France

## 17. INFORMANT (ADDRESS)

Richard Sudeman

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cedar Hill

DATE

10/25

1937

## 19. UNDERTAKER (ADDRESS)

Lawrence Truller

## 20. FILED

10/25

1937

Dr. A. J. Squigley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/23, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

7-20-37

19

to

10-23-37

19

I last saw him alive on 10-23-37, 19

Death is said

to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia ✓ 10/19/371860

Other contributory causes of importance:

Heart failureFracture of T. Rip.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury 7/20, 1937Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. A. J. Squigley, M. D.

(Address)

Dr. A. J. SquigleyClayton, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19413

CON. AT THE TIME OF THE INVESTIGATION, THAT IT WAS PROBABLY CHANGED. EXACT STATEMENT. OCCUPATION.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38814

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis  
(b) Township Clayton  
(c) City Clayton  
(e) Length of residence in city or town where death occurred

Registration District No. 790  
Primary Registration District No. 6033a

Registered No. 388-

(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no l.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER 13. NAME Peter J. Suraud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Agnes Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) daughter

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-37

22. I HEREBY CERTIFY, That I attended deceased from 7-20-37 to 10-23-37, 19 \_\_\_\_\_

I last saw him alive on 10-23-37, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 4:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
Other contributory causes of importance: Senility  
Fracture of R. Hip  
Date of onset 1860

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-20-37

Where did injury occur? patients yard, Eureka, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. patients yard

Manner of injury Pt. tripped and fell in yard

Nature of injury fracture of lt. hip

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) R. J. Peterson, M. D.  
(Address) Clayton Mo

